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An Inaugural Essay on Cynanche Trachealis, Croup &c.

by

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Richmond
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To.

the Medical Professors.—

Gentlemen,

Through the medium of this Essay, permit me, respectively, to return my warmest thanks, for the information I have received, from each of your learned, and Valuable course of Lectures; and for your polite attention to me.

That, each of you may enjoy, in the full extent, the happiness, and blessing of this life, and Hereafter, is the sincere wish of your friend,

The Author.

As my coming foward in the Character of an author, at this time, is not a voluntary act, further than, complying with the Statutes of the University, I shall consider an apology as unnecessary —

On Cynanche Trachealis &c

Many names + are given to this Disease, & from among them I have adopted that of Cynanche Trachealis, merely on account of its being generally used, and as applicable, in my opinion, as any other.

This name, then, is given to an inflammation of the Glottis, Larynx, or Trachea, whether it affects the Membranes of these parts, or the muscles adjoining.

Dr. Home was among the first who gave any regular, and correct account of this disease, and since he wrote, many others have taken notice of it, and have differed in opinion concerning it.

Mr. Tissot has taken notice of a disease, which he calls, Suffocating or

+ Suffocatio Stridula by Home, Trachitis by Professor Frank, Cynanche Trachealis by Cullen. & phlegmasia of the windpipe Darwin

Strangling Fits,† and from his description I presume it was the Croup, or a disease very ~~similar~~ nearly allied to Croup.

It has been observed by many writers, who have treated of ~~written on~~ this disease that, it seldom attacks persons ~~over~~ above twelve years old: that children ~~children~~ while at the Breast, are ~~seldom~~ rarely attacked, but that after this period, the younger they are, the more they are liable to it.

My own observation, and experience have satisfied me that, the above observations are true; and I have further remarked that, those Children who are deprived of the Breast at an early period in life, are more liable to the Croup than, those who are suckled for a long time.

May not too soon a change in a Child's diet invite this disease?

† Tissot's Avis au peuple &c

The Causes which produce this disease, are numerous, but more generally by Cold. I have observed it occurs most frequently in Cold damp weather, and upon sudden changes in the temperature of the air.

Sea port Towns, and situations contiguous, are said to be mostly affected with the Spasmodic Croup, and the remedies prescribed are, 1. warm Bath 2, gentle purges, 3 Glysters, and 4 antispasmodic Medicines, such as Asafoetida &c

Having never ~~residing~~ resided in any Sea port ~~Town~~, but always in an Inland Town, I have rarely met with this kind, but generally with that, ~~kind~~ which is called by Dr Michealis <u>Angina Polyposa</u>, #. or the Humoral.

Many dissections have been made of Infants who died of this disease, and the appearances were as follows, 1. no inflammation at all, these cases are

#. where a membrane is found adhering to the Trach

generally violent, and terminate suddenly. The morbid excitement here exceeds inflammation. This kind is the Spasmodic, and in my opinion, Bleeding should be our first remedy instead of Warm Bath &c before mentioned. at least, I have found it to answer.

The next appearances which dissections show are, 2. Slight inflammation. 3. a thick mucus Matter. 4 a preternatural Membrane lining the whole internal surface of the upper part of the Trachea, and extending in the same manner downwards into some of its ramifications, this membrane is produced by the coagulating Lymph of the Blood.

Where the serous vessels of the Trachea are tinged with Blood, it is called inflammatory. When a liquid matter is found in the Trachea, it is

called tumoral; and when a membrane is found adhering to the Trachea, it is called as I have said before angina polyposa. But, all these different issues of Cynanche Trachealis (as Dr. Rush very correctly observes) are the effects of a difference only in its force, or in its duration: they all depend upon one remote and one proximate Cause.

The premonitory Symptoms of this disease are easily known, by a hoarseness, and a slight stertorous cough, and thus, in its forming state may be prevented, by a large plunge of Calomel and Jallapa, or a brisk Emetic of antimonial wine, Tartar Emetic, or Ipecac &c. Dr. Rush observes Children are seldom injured by a little excess in the operation of Emetics, and he therefore advises, that the Emetic should operate

four or five times*.

As the disease increases in violence the foregoing symptoms likewise increase, and are accompanied with pyrexia, great anxiety, restlessness, difficult breathing, attended with a disagreeable croaking noise. These symptoms are generally remitting, particularly in the day, but they are sometimes constant, & generally runs their course in a few days, but sometimes, though rarely, we find it protracted in a chronic form of eight, or ten days.

From dissections, and from every symptom it appears there can be no doubt of its being a violent inflammatory disease, and requiring the most powerful remedies for inflammation, upon the very first appearance. This inflammatory disease, does not always run the

* Rush's works

usual course of inflammatory affections; for it frequently produces such an obstruction of the passage of the air, as suffocates and thereby proves suddenly fatal.

When the disease is completely formed, and attended with the usual symptoms. we should in the first place, Bleed plentifully. I have found bleeding untill you occasion fainting, and purking, produce the happiest effects. some recommend, small & frequent Bleeding, and among them, are Dr. Rush.

ly. Vomits are absolutely necessary after bleeding. I have found the stomach, almost invariably in this disease very dormant and requiring strong Emetics. I once gave a child about two years old, to the extent of Eight or ten grains of Tarter Emetic without purking it. In these cases

I have always excited a vomiting by tickling the fauces with a feather or even running it as far down the throat as you can. This mode of putting is recommend by Dr. Rush —

In such cases, ~~might when~~ a patient is unable to swallow an Emetic, might not emetics + be externally applied to the stomach, with advantage?

✓ Purges. The Bowels are generally opened by the Emetics, but when they are not purges should be used.

Blisters. They should be applied to the throat, and in some cases ~~sinapisms~~ sinapisms to the feet.

warm Bath.

Polygola, or Rattle snake Root. This I have used with great advantage

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+ such as Tobacco. ✓ Calomel & Jallap &c

as a sialagogue, and answers admirably well to separate, and discharge the tough membrane from the trachea. Whenever it fails as I have noticed it has a more certain effect. The manner in which I have used it, is in an Infusion. To one ounce of the powdered Root add, twenty four ounces of Boiling water, and when cold, give a Table spoon full every two hours. when the disease is protracted in a chronic form ~~cat~~ salivation has cured it.

Notwithstanding all these powerful remedies it frequently

proves fatal. ~~I know~~

I know of no disease which, excites the feelings of a Physician as much as this;

He perhaps beholds the only offspring of a happy couple gasping for breath, and around it the distracted parents, and relations, with tears, and entreaties they implore him to save their dear child. Such a scene is almost too much for human nature to bear.

But when you are successful, and restore their beloved Infant, how greatly is the scene changed; Happiness is expressed in every countenance

and the once more Happy pair loading you with thanks, and calling you the deliverer of their Child. What could be more grateful to ones feelings?

Should we not then, double our researches, and endeavour to discover a remedy which will prevent this disease from ever proving fatal?

A remedy has been proposed but which I am sorry to find has been seldom or never tried. ~~Tracheotomy~~ This is the Operation of Tracheotomy. The Idea of the operation I suppose has been the Cause of its not being used. I feel so fully satisfied that it

would answer, that, if one of my children was affected with hernia and the usual remedies failed I would not hesitate to have the operation performed. For a description of the operation I refer you to surgical authors. [redacted] I sincerely wish some eminent surgeon whom would give it a fair trial, and publish his success to the world.

— Finis —